DC Fire & EMS Patient Care Policies: Inter-facility Transfers

I. Definition

1. "Inter-facility Transport" shall be defined as the transfer of a patient from a hospital emergency department or other hospital out-patient area, hereafter referred to as "facility," to any other facility.

2. These policies shall include provisions for associated logistics, evaluation and monitoring of the patient.

3. This policy applies only to the D.C. Fire & EMS Department, to emergency transfers when private EMS agencies are unable to provide the service.

II. Policy

1. No patient shall be transferred from an Emergency Department, without the expressed approval of the on duty EMS Chief Supervisor and until the patient has received a medical screening exam, is stabilized, and a determination has been made that, in the best interest of the patient's medical care, the transfer is appropriate.

2. Stabilization of the patient prior to any transfer shall include adequate evaluation and initiation of treatment to assure that the transfer will not, within reasonable medical probability, result in death or loss/serious impairment of bodily functions, parts or organs. It is recognized that there are times when such stabilization is not possible because the transferring facility does not have the personnel or equipment needed. In such cases, as much as can be done shall be done and the transfer accomplished as quickly as possible. Should the EMS Supervisor or transferring health care providers question the appropriateness of a pending transfer, the EMS Medical Director will be contacted immediately for final transfer approval or disapproval.

II. Policy (continued)

3. Transfers from the patient care areas of an acute care hospital shall require that the patient be informed of the reasons for the transfer and the destination proposed by the transferring facility. The patient's written consent for the transfer will be obtained if possible. Utilize Form CMS 1491 SC.

4. The receiving facility must have space, equipment and personnel adequate for the needs of the patient.

5. A physician at the receiving facility must agree to accept the patient prior to the transfer taking place. Acceptance of the transfer shall be accomplished by voice contact between the physician (whenever possible) at the transferring facility and the physician at the receiving facility. The receiving physician's name should be given to the Chief Supervisor by the transferring facility. This should be confirmed by the Chief Supervisor.

6. If staffing and other factors allow, the transfer should not be refused if the transfer is indicated and the receiving facility has the capability and/or responsibility for the patient.

7. The physician at the receiving facility is responsible for arranging for the reception and care for the patient when the transfer is accepted.

8. Upon acceptance of a transfer, the transferring physician/facility shall assure that the on-duty emergency department physician at the receiving facility has received notification of the transfer. The notification is required regardless of whether or not the patient will be admitted via the emergency department.

9. The patient shall be transferred in a vehicle that is staffed with personnel and equipment appropriate to the patient's needs.

II. Policy (continued)

10. The following general responsibilities apply in transfers:

    A. The responsibility for the transfer rests with the transferring physician/facility. This includes:
       i. Obtaining the appropriate informed consent.
       ii. Consulting with the receiving physician regarding the transfer itself.
       iii. Adequate arrangements for the transferring vehicle.
       iiii. All transfer forms.
       v. Accompanying personnel, if required.
       vi. Notification of the receiving hospital emergency department physician.

    B. The responsibility for assuring patient disposition arrangements at the receiving facility rests with the receiving physician.

    C. The responsibility for the patient requiring basic life support (BLS) transfer or private vehicle, rests with the transferring facility until the patient arrives at the receiving facility.

    D. The responsibility for the patient requiring advanced life support (ALS) transfer, rests with the transferring facility and physician. Any ALS care initiated during the transfer is the responsibility of the Medical Control physician directing such care.

    E. If a physician, who is not a Medical Control physician, requests ALS care during transfer, the transferring physician must coordinate the transfer with the Medical Control physician.

II. Policy (continued)

11. Patients may be transferred when the following conditions are met:

    A. The patient has received a medical screening examination and is stabilized for transfer per "COBRA" requirements.

    B. Appropriate transfer forms, consent and documentation are completed.

    C. The transferring physician determines that appropriate diagnostic and/or treatment services are not available at the transferring facility and these services are available at the receiving facility, or

    D. The patient's attending physician requests the transfer and the transferring physician determines that such a transfer would not jeopardize the patient's condition and is in the best interest of the patient.

12. Any other conditions which might warrant transfer must be considered on a case-by-case basis and require approval of the FEMS Department Medical Director.

13. No EMT-B, EMT-I or EMT-P shall be placed in charge of monitoring or administering a drug or procedure not identified within the scope of practice for the DC Fire & EMS Department as outlined within this Pre-hospital Protocol book. A patient transfer involving such a drug or procedure shall require the presence of a registered nurse or physician in the patient compartment of the ambulance during the transfer. Generally this person will be provided by the transferring facility without cost or liability to the DCFEMS Department.

14. Medical Control of ALS provider units involved in ALS patient transfers shall rest with the pre-approved medical control hospital transferring the patient or a primary medical control hospital if the transferring facility is not a medical control hospital.

III. Procedure

1. Direct voice contact between transferring physician and receiving physician shall be made and agreement regarding all aspects of the transfer shall be reached prior to transfer.

2. An approved interfacility transfer form shall be completed by both transferring and receiving physicians/facilities.

3. The transferring facility shall make the necessary arrangements for the transfer, including accompanying personnel, where appropriate and notification of ED physician, in compliance with the agreement reached between the transferring physician and receiving physician.

4. The following medical records shall accompany the patient:

   A. A summary of care received prior to the transfer including but not limited to the transferring ER medical records.

   B. Copies of all current pertinent medical records including laboratory data, current physician's and nursing notes.

   C. Copies/originals of all pertinent X-rays, sonograms, CT scans, ECG's and other diagnostic tests or phone notification of results if test results are not completed prior to transfer.

   D. Copies of pre-hospital care forms including paramedic run reports, the interfacility transfer form and Emergency Department records where applicable.

   E. Copies of complete interfacility transfer forms.

5. A verbal patient report by a nurse or physician shall be made to the transport crew prior to transport.

III. Procedure (continued)

6. While en route to the receiving facility, ALS personnel shall establish voice contact with the appropriate Medical Control facility in accordance with local EMS policy.

7. If a difference of opinion regarding the scope of practice arises, the transferring personnel shall first contact the appropriate EMS Supervisor. If they are unable to resolve the problem, the Chief Supervisor will be notified. If there is still an impass, the EMS Medical Director will be contacted to make a final determination. At no time will DCFEMS personnel be required to transfer a patient that one or more of the crew members expresses discomfort in knowledge and/or ability to care for the patient to be transferred. Such an occurrence will require the notification procedure as described above.

8. In the event that a physician, nurse, therapist, physician extender or other medical authority is accompanying the transport crew for the purpose of administering/monitoring a drug or procedure outside of the local scope of practice of pre-hospital personnel, written orders shall be provided to that individual by the transferring physician. Copies of this agreement shall be maintained with the 151 Ambulance Incident Report and expeditiously forwarded to the CQI Unit for evaluation and follow-up.

9. Every reasonable effort shall be extended to return any medical personnel who accompanied the EMS crew to the transfer point of origin.